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Form LP 201
(Rev. Jan. 1991)

GEORGE H. RYAN
Secretary of State
State of Illinois

Assigned by Secretary of State

Filing Fee \$75

1 IT IN DUPLICATE

CERTIFICATE OF LIMITED PARTNERSHIP
(Illinois limited partnership)

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

94065976

OFFICE USE ONLY

COOK COUNTY RECORDER
75.00

1. Limited partnership's name: BURKE FAMILY FUND L.P.
2. The address, including county, of the office at which the records required by Section 104 are to be kept is: (Post office box alone and c/o are unacceptable) 4349 WEST 211 STREET, MATTESON, DEPT. (NO. 1) CHICAGO, ILL. 60441 \$27.00

COOK COUNTY 18555 TRAN 0719 01/20/94 14127100
18134 94-065976
COOK COUNTY RECORDER

3. Federal Employer Identification Number (F.E.I.N.): 36-3922453

4. This certificate of limited partnership is effective on: (Check one)
a) the filing date, or b) another date later than but not more than 60 days subsequent to the filing date: _____
(month, day, year)

94065976

5. The limited partnership's registered agent's name and registered office address is:

Registered agent: DONALD P. BURKE
First name Middle name Last name
Registered Office: 4349 WEST 211 STREET
(P.O. Box alone and c/o are unacceptable) Number Street
MATTESON COOK Illinois 60441
City County Zip Code

6. The limited partnership's purpose(s) is: INVESTMENT IN REAL AND PERSONAL PROPERTY

94065976

IRS Industrial Code Number is: 6748

7. Dissolution date is: Perpetual or _____
(month, day, year)

8. The total aggregate dollar amount of cash, property and services contributed by all partners is: (per Section 201-5)
\$2,926,000.00

9. A brief statement of the partners' membership termination and distribution rights:
EACH PARTNER MAY VOLUNTARILY WITHDRAW AS OF END OF PARTNERSHIP YEAR. WITHDRAWING PARTNER SHALL BE PAID FAIR MARKET VALUE OF INTEREST 40% WITHIN THREE MONTH OF WITHDRAWAL AND BALANCE IN FIVE EQUAL PAYMENTS.

2700
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10. NAME(S) & BUSINESS ADDRESS(ES) OF GENERAL PARTNER(S)

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

All general partners are required to sign the certificate of limited partnership.

SIGNATURE AND NAME

BUSINESS ADDRESS

1. *Donald P. Burke*
 (Signature)
 DONALD P. BURKE, TRUSTEE
 (Type or print name and title)

DONALD P. BURKE DECLARATION OF TRUST DTD 10-20-89
 (Name of General Partner if a corporation or other entity)

2. *Geraldine M. Burke*
 (Signature)
 GERALDINE M. BURKE, TRUSTEE
 (Type or print name and title)

GERALDINE M. BURKE DECLARATION OF TRUST DTD 10-20-89
 (Name of General Partner if a corporation or other entity)

3. _____
 (Signature)

 (Type or print name and title)

 (Name of General Partner if a corporation or other entity)

4. _____
 (Signature)

 (Type or print name and title)

 (Name of General Partner if a corporation or other entity)

5. _____
 (Signature)

 (Type or print name and title)

 (Name of General Partner if a corporation or other entity)

6. _____
 (Signature)

 (Type or print name and title)

 (Name of General Partner if a corporation or other entity)

1. 8 BUTTERFIELD CIRCLE
 Number Street
FLOSSMOOR
 City/Town

ILLINOIS 60422
 State Zip Code

2. 8 BUTTERFIELD CIRCLE
 Number Street
FLOSSMOOR
 City/Town

ILLINOIS 60422
 State Zip Code

3. _____
 Number Street

 City/Town

 State Zip Code

4. _____
 Number Street

 City/Town

 State Zip Code

5. _____
 Number Street

 City/Town

 State Zip Code

6. _____
 Number Street

 City/Town

 State Zip Code

94065976

(Signatures must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

DO NOT SEND CASH!

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330, Centennial Building
Springfield, Illinois 62756
Telephone: (217) 785-8960

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CERTIFICATE OF STATUS

This certificate is issued to certify and authenticate the
Geraldine M. Burke Declaration
fact that the of Trust dtd 10-20-89 Trust, # _____
is currently in full force and effect.

That Geraldine M. Burke is the Trustee of said Declaration
of Trust, located at Cook, (County where located).

IN WITNESS WHEREOF the undersigned Trustee has executed
this certificate this 04th day of January, 1994.

Geraldine M. Burke
(Print below signature)
Geraldine M. Burke, Trustee

94065976

JR DEPT-01 RECORDING 127.00
T#5555 TRAN 0719 01/20/94 14:27:00
18154 * -94-065976
COOK COUNTY RECORDER

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CERTIFICATE OF STATUS

0000760 8031 11.18.94
78.00

This certificate is issued to certify and authenticate the
fact that the Donald P. Burke Declaration of
Trust dtd 10-20-89 Trust, # _____
is currently in full force and effect.

That Donald P. Burke is the Trustee of said Declaration
of Trust, located at Cook County, (County where located).

IN WITNESS WHEREOF, the undersigned Trustee has executed
this certificate this 14th day of January, 1994.

94065976

Donald P. Burke
(Print below signature)
Donald P. Burke, Trustee

Cook County Clerk's Office

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Property of Cook County Clerk's Office

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